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Box 503

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

**Certificate of Mailing by Express Mail:**

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

Attorney Docket No. **0136.02**First Inventor **Phyllis A.W. Martin et al.**Title **Chromobacterium sutsuga sp. nov.  
and Use for Control of Insect Pests**Express Mail Label No. **EU 972811705 US**10/678023  
3119 U.S.P.T.O.**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g. PTO/SB/17)  
(Submit an original and duplicate for fee processing)2.  Applicant Claims Small Entity Status  
See 37 CFR 1.273.  Specification Total Pages: **51**  
(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) Total Sheets: **3**5.  Oath or Declaration Total Sheets: **1**

- a.  Newly UNexecuted (original or copy)
- b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)

i.  DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76ADDRESS TO: **Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

- 7.  CD-ROM or CD-R in duplicate, large table or Computer Program Appendix
- 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  Paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

- 9.  Assignment Papers (cover sheet & document(s))
- 10.  37 CFR 3.73(b) Statement  Power of (when there is an assignee) Attorney
- 11.  English Translation Document (if applicable)
- 12.  Information Disclosure  Copies of IDS Statement (IDS)/PTO-1449 Citations
- 13.  Preliminary Amendment
- 14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- 15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)
- 16.  Nonpublication Request Under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- 17.  Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part(CIP) of prior application no.:  
Prior application information: Examiner: Art Unit:

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS** CUSTOMER NUMBER: **25278**

|                      |                           |                                      |                        |
|----------------------|---------------------------|--------------------------------------|------------------------|
| Name<br>(Print/Type) | <b>Margaret A. Connor</b> | Registration No.<br>(Attorney/Agent) | <b>30,043</b>          |
| Signature            | <i>Margaret A. Connor</i> | Date                                 | <b>October 1, 2003</b> |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL FY04

Effective 10/01/2003. Patent fees are subject to annual revision.

|  |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
|--|----------|--|---------------|---------------|-----|-----|--|--------|----------|-----------------|----------|--------------|-----|-----------------------------------|---------------|--------------------|-----|--|-----|--------------------|-----|---------------------------|---|---------------|-------|--|--|------|----------|--|--|--------------|--------|---|--|------|-----|--|--|------|-----|---|--|------|-----|---|--|------|-------|--|--|--------------|-------|--|--|------|-----|------------------|--|------|-----|--|--|------|-----|--------------------------|--|------|-------|---|--|------|-----|----------------------------------|--|------|-------|------------------------------------|--|------|-------|--------------------------------|--|------|-----|------------------|--|------|-----|-----------------|--|------|-----|-------------------------------|--|------|----|-------------------------------------|--|------|-----|--|--|------|----|--|--|------|-----|---|--|------|-----|--|--|------|-----|---|--|------|-----|---|--|----------------------|--|--|--|------------------------------------|--|--|--|----------------------|--|--|--|
| Complete if Known  |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Application Number   |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Filing Date  |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| First Named Inventor   |          | Phyllis A.W. Martin et al.   |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Examiner Name  |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Art Unit   |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Total Amount of Payment  |          | \$ 770.00  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| METHOD OF PAYMENT  |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| <p>The Commissioner is hereby authorized to charge any fees set forth in CFR §§ 1.116 to 1.118 to the Deposit Account listed below for the entire pendency of the application, or credit any overpayment to this account. A duplicate copy of this sheet is enclosed:</p> <p>Deposit Account No. 50-2135<br/>Deposit Account Name: USDA, ARS, OTT<br/>Patent Advisor</p>   |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| FEE CALCULATION  |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| <p>• 1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: left; padding: 5px;">Large Entity:</td> </tr> <tr> <td>Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> <tr> <td>1001</td> <td>770</td> <td>Utility Filing Fee</td> <td><b>770.00</b></td> </tr> <tr> <td>1002</td> <td>340</td> <td>Design Filing Fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>Plant Filing Fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>Reissue Filing Fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>Provisional Filing Fee</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;">Subtotal (1)</td> <td colspan="2" style="text-align: right; padding: 5px;">\$ 770.00</td> </tr> </table>   |          |  |               | Large Entity: |     |     |  | Code   | Fee (\$) | Fee Description | Fee Paid | 1001         | 770 | Utility Filing Fee                | <b>770.00</b> | 1002               | 340 | Design Filing Fee                                    |     | 1003               | 530 | Plant Filing Fee          |   | 1004          | 770   | Reissue Filing Fee                                     |  | 1005 | 160      | Provisional Filing Fee                                 |  | Subtotal (1) |        | \$ 770.00   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Large Entity:  |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Code   | Fee (\$) | Fee Description  | Fee Paid      |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1001   | 770      | Utility Filing Fee   | <b>770.00</b> |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1002   | 340      | Design Filing Fee  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1003   | 530      | Plant Filing Fee   |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1004   | 770      | Reissue Filing Fee   |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1005   | 160      | Provisional Filing Fee   |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Subtotal (1)   |          | \$ 770.00  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Extra</td> <td>Fee</td> <td>Fee</td> <td></td> </tr> <tr> <td>Claims</td> <td></td> <td>Paid</td> <td></td> </tr> <tr> <td>Total Claims</td> <td>11</td> <td>-20** =</td> <td>X =</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3** =</td> <td>X =</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>=</td> </tr> <tr> <td colspan="4" style="text-align: left; padding: 5px;">Large Entity:</td> </tr> <tr> <td>Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td></td> </tr> <tr> <td>1202</td> <td>18</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;">Subtotal (2)</td> <td colspan="2" style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> </table>   |          |  |               | Extra         | Fee | Fee |  | Claims |          | Paid            |          | Total Claims | 11  | -20** =                           | X =           | Independent Claims | 3   | -3** =   | X = | Multiple Dependent |     |                           | = | Large Entity: |       |  |  | Code | Fee (\$) | Fee Description  |  | 1202         | 18     | Claims in excess of 20                              |  | 1201 | 86  | Independent claims in excess of 3      |  | 1203 | 290 | Multiple dependent claim, if not paid   |  | 1204 | 86  | **Reissue independent claims over original patent |  | 1205 | 18    | ** Reissue claims in excess of 20 and over original patent |  | Subtotal (2) |       | \$ 0.00                                |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Extra  | Fee      | Fee  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Claims   |          | Paid   |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Total Claims   | 11       | -20** =  | X =           |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Independent Claims   | 3        | -3** =   | X =           |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Multiple Dependent   |          |  | =             |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Large Entity:  |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Code   | Fee (\$) | Fee Description  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1202   | 18       | Claims in excess of 20   |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1201   | 86       | Independent claims in excess of 3  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1203   | 290      | Multiple dependent claim, if not paid                                      |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1204   | 86       | **Reissue independent claims over original patent                          |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1205   | 18       | ** Reissue claims in excess of 20 and over original patent                 |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Subtotal (2)   |          | \$ 0.00  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 3. ADDITIONAL FEES   |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: left; padding: 5px;">Large Entity:</td> </tr> <tr> <td>Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> <tr> <td>1051</td> <td>130</td> <td>Surcharge-Late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>Non-English Specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>Petition to revive – unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>Petition to revive – unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>770</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>770</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: left; padding: 5px;">Other fee (specify):</td> </tr> <tr> <td colspan="4" style="text-align: left; padding: 5px;">* Reduced by basic filing fee paid</td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 5px;">Subtotal (3) \$ 0.00</td> </tr> </table> |          |  |               | Large Entity: |     |     |  | Code   | Fee (\$) | Fee Description | Fee Paid | 1051         | 130 | Surcharge-Late filing fee or oath |               | 1052               | 50  | Surcharge-late provisional filing fee or cover sheet |     | 1053               | 130 | Non-English Specification |   | 1812          | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920*     | Requesting publication of SIR prior to Examiner action |  | 1805         | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | Extension for reply within first month |  | 1252 | 420 | Extension for reply within second month |  | 1253 | 950 | Extension for reply within third month            |  | 1254 | 1,480 | Extension for reply within fourth month                    |  | 1255         | 2,010 | Extension for reply within fifth month |  | 1401 | 330 | Notice of Appeal |  | 1402 | 330 | Filing a brief in support of an appeal |  | 1403 | 290 | Request for oral hearing |  | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | Petition to revive – unavoidable |  | 1453 | 1,330 | Petition to revive – unintentional |  | 1501 | 1,330 | Utility issue fee (or reissue) |  | 1502 | 480 | Design issue fee |  | 1503 | 640 | Plant issue fee |  | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 770 | Request for Continued Examination (RCE) |  | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify): |  |  |  | * Reduced by basic filing fee paid |  |  |  | Subtotal (3) \$ 0.00 |  |  |  |
| Large Entity:  |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Code   | Fee (\$) | Fee Description  | Fee Paid      |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1051   | 130      | Surcharge-Late filing fee or oath  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1052   | 50       | Surcharge-late provisional filing fee or cover sheet                       |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1053   | 130      | Non-English Specification  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1812   | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1804   | 920*     | Requesting publication of SIR prior to Examiner action                     |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1805   | 1,840*   | Requesting publication of SIR after Examiner action                        |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1251   | 110      | Extension for reply within first month                                     |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1252   | 420      | Extension for reply within second month                                    |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1253   | 950      | Extension for reply within third month                                     |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1254   | 1,480    | Extension for reply within fourth month                                    |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1255   | 2,010    | Extension for reply within fifth month                                     |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1401   | 330      | Notice of Appeal   |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1402   | 330      | Filing a brief in support of an appeal                                     |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1403   | 290      | Request for oral hearing   |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1451   | 1,510    | Petition to institute a public use proceeding                              |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1452   | 110      | Petition to revive – unavoidable   |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1453   | 1,330    | Petition to revive – unintentional   |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1501   | 1,330    | Utility issue fee (or reissue)   |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1502   | 480      | Design issue fee   |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1503   | 640      | Plant issue fee  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1460   | 130      | Petitions to the Commissioner  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1807   | 50       | Processing fee under 37 CFR 1.17(q)  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1806   | 180      | Submission of Information Disclosure Statement                             |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 8021   | 40       | Recording each patent assignment per property (times number of properties) |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1809   | 770      | Filing a submission after final rejection (37 CFR 1.129(a))                |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1810   | 770      | For each additional invention to be examined (37 CFR 1.129(b))             |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1801   | 770      | Request for Continued Examination (RCE)                                    |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| 1802   | 900      | Request for expedited examination of a design application                  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Other fee (specify):   |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| * Reduced by basic filing fee paid   |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |
| Subtotal (3) \$ 0.00   |          |  |               |               |     |     |  |        |          |                 |          |              |     |                                   |               |                    |     |  |     |                    |     |                           |   |               |       |  |  |      |          |  |  |              |        |   |  |      |     |  |  |      |     |   |  |      |     |   |  |      |       |  |  |              |       |  |  |      |     |                  |  |      |     |  |  |      |     |                          |  |      |       |   |  |      |     |                                  |  |      |       |                                    |  |      |       |                                |  |      |     |                  |  |      |     |                 |  |      |     |                               |  |      |    |                                     |  |      |     |  |  |      |    |  |  |      |     |   |  |      |     |  |  |      |     |   |  |      |     |   |  |                      |  |  |  |                                    |  |  |  |                      |  |  |  |

## SUBMITTED BY

|  |   |  |
|--|---|--|
| Name (Print/Type):<br><br>Margaret A. Connor | Registration No.<br>(Attorney/Agent):<br>30,043 | Telephone: 510-527-1418 or<br>510-559-6067 |
| Signature:<br><br><i>Margaret A. Connor</i>  |   | Date:<br>October 1, 2003                   |

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## NONPUBLICATION REQUEST UNDER 35 U.S.C. 122(b)(2)(B)(i)

### Certificate of Mailing

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR 1.10 on the date indicated and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

|                      |   |
|----------------------|---|
| First Named Inventor | Phyllis A.W. Martin et al.  |
| Title                | <i>Chromobacterium suttsga</i><br>sp. nov. and Use for<br>Control of Insect Pests |
| Docket No.           | 0136.02   |
| Express Mail No.     | EU 927811705 US   |
| Date                 | October 1, 2003   |

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

I hereby request that the attached application not be published under 35 U.S.C. 122 (b).

October 1, 2003  
Date

Margaret A. Connor  
Signature

510-527-1418 or 510-559-6067  
Telephone Number

Margaret A. Connor  
Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant must **notify** the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

This collection of information is required by 37 CFR 1.213(a). The information is required to obtain or retain benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.